AMENDED

HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

The state of the s				
NAME (Last, First, Middle)	STATE POSITION HELD: (Dept/Div or Board/Commission)			
Ito, Kenneth T.	State Representative 48th Dist.			
	TERM OF OFFICE (Begin/End): 11/02/04 / 11/02/06			
FOR EACH ITEM, EXCEPT ITEM 9, DISC	OSE INTERESTS OF FILER SPOUSE AND DEPENDENT OUR POEM			

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
	State Capitol 415 S. Beretania St. Honolulu, HI 96813	F	State Representative
I Chack be	re if entry is None		ck hare if additional cheets are attached

Joneck nere if entry is None

[]Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
,				
	k here if entry is None			

[/]Check here if entry is None

[]Check here if additional sheets are attached

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ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer. F.SP. OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE DATE OF DC,JT **PERIOD TRANSFER** [] Check here if entry is None []Check here if additional sheets are attached **ITEM 4: CREDITORS** List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods, F.SP. NAME OF CREDITOR **ORIGINAL AMOUNT AMOUNT** DC,JT **OWED OUTSTANDING** [] Check here if entry is None []Check here if additional sheets are attached ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation. F.SP. NAME AND ADDRESS OF BUSINESS **TITLE HELD TERM OF OFFICE** ANNUAL DC,JT COMPENSATION []Check here if entry is None []Check here if additional sheets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)
List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF T MAP KEY NUMBER EXISTS)	AX VALUE
[√]Che	ck here if entry is None ITEM 7: INTERESTS IN REAL PROPERTY ACQ		dditional sheets are attached AL RESIDENCE(S)
ist intere	sts in real property in or outside of the State acquired during all property that is your personal residence or the personal	ng the disclosure period, if the intere	est has a value of \$10,000 or
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)		NAME OF PERSON RECEIVING THE CONSIDERATION
F	99-689 Kahilinai PI. Aiea, HI 96701 99-023-034-0000-001	Property Inherited	
1 1Che	ck here if entry is None	[]Check here if a	additional sheets are attache
ist inter	ITEM 8: INTERESTS IN REAL PROPERTY TRANS ests in real property in or outside of the State transferred d Real property that was your personal residence or the per	SFERRED, EXCLUDING PERSO luring the disclosure period, if the int	ONAL RESIDENCE(S) perest has a value of \$10,000
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
[√1Che	eck here if entry is None	[]Check here if	additional sheets are attache

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ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY	
[√]Check here if entry is None	[]Check here if additional sheets are attache	

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
	STATE OF HAWAII STATE ETHICS COMMISSIO		TATE OF HAWAII STATE ETHICS COMMISSION	
[√]Check here if entry is None []Check here if additional sheets are attached				

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE

DATE